

24-4-20.

12.20 DOS ask for adjourn^m to consider agenda.

FM Need to revisit timings.

DOH Put on record - other meetings to go to - if this meeting late - impacts on other meetings. - CMO + CSO as well.

FM 12.45

CMO 2.15 - other meeting.

FM 12.45

Adjourn.

12.49 FM Apologies - DAERA
Send wishes at time of mourning for his family.

Disappointment - leak of info to media re recording of deaths - exec confidentiality.
DOH v annoyed.

① Minutes

Agreed? (yes)

~~20~~. DOS Not asking for change to minutes - agreed on 22-4 - how anomaly occurred / lines to take

wld be issued to him —
can we have info circulated?

FM DOH will address in next item.

③ COVID update.

FM Will take DOH COVID papers now to allow
CMD/CSO to attend other meetings.

DOH Update.
Leak - v disappointing. Contacted within
minutes by BBC (leak) + Irish News
(graveyards) - more than one issue.

Deaths recorded - no anomaly, I
queried figures, officials checked -
"additional" deaths had happened over
previous weeks, recorded as they shd
have been - timeliness of recording,
not unrecorded.

DOJ Said increase was due to paperwork
being done - not recorded on day of
death.

DOH Deaths notified on date, not deaths
which happen on date.
Clarify - similar to GB, ROI.
Deaths recorded since last reporting.

Officials brought process to end to released deaths - 4 deaths on Sun.

Public assume deaths in last 24 hrs - need to be careful of language.

Officials completing death certification

DOJ

Graphs to show deaths occurring on each day.

DOH

Graphs already recalibrated to show deaths per day - peak was 15th - 4 - starting to decrease.

Dashboard coming back online - no. of internal issues - stats officials belong to NISRA - looking for consistency eg no. of people tested v no. of tests.

Basic pdf PHA report.

Dashboard impressive - but need to be accurate.

Numbers - NISRA report - compared to PHA - NISRA reports any death not COVID - variance iro PHA figs - 30% Nos. in NISRA report - occasion of death - care homes, hospice, home, hospital.

Death within 28 days

PPE - flag up

Past few days, released small amt of pandemic supply.

Finance / China, coming to resolution next few days - quantity / quality Face mask - in Romania. Have discontinued (wanted [2% prepay^m],

Mental Health - concern re w health impacts. MHealth champion.

Travel for Exercise / 9/4ards additional papers

dfm Update - where we're at in terms of peak, curve, modelling

CMO Clear we are passing to other side of peak - observations - not just deaths, but stabilization / reduction in admits to hospitals / ICU. Will present further modelling paper in coming days.

CSO Peak - 6/13 Apr.
Hospital
ICU - reasonably large, accurate modelling
Fell from 50^s to 40s / high 30s
- Fairly past peak - ICU
Deaths - nos smaller, but peaks / troughs.
Uncertainty re ICU fall - depends on social distancing / restrictions.

Fall over next 2 weeks.

DFM Sensitivity to restrictions - already
lot more people moving about -
emphasize 'stay at home' message.

CSO Model assumptions re behaviours -
will see result in 2/3 weeks of
any change in behaviour now.

Info from voluntary apps - Kings
College London

- info from google - monitor
behaviours.

Slight change in behaviour but not
large enough to change modelling
assumptions.

JMK Test / Trace

Anecdotal evidence - changing trends
in social behaviour

Boumy castles - lot of children.

Need to survey behaviour - empirical
data.

Phase 1, 2 - contact tracing, how
quickly?

Where will staff be recruited to
provide resilience?

Longer term mapping re tracing?

CWO

Seeking to plan for next phase -
trigger points - ancient behaviour

allowing NHS to cope.
Adhere to social dist. measures.
Maybe by mid-way consider relaxing
some measures.

Need to have

Testing capacity

Surveillance capacity - emergency
depts, care homes

Testing/contact tracing -

see uptrends in community
transmission - have capacity
to test individuals + up to 30
contacts each.

Workforce require^{ment} over period of
time.

Pilot/test from [27th?]

Support from Env. Health Local Govt.
Use their skills in short term.

Interim period - train up nursing/
med students, uni students

Before we step back from social
distancing, need tracing service in
place.

Learning from ROI - they have
developed platform, important to
share. Chief digital officer

- apps where people vol download.

Not put all eggs in one basket - but
need digital solutions/support.

Will need for 18 months or more.

Up to 4 weeks, 4-8 weeks, 18 months

Work in progress. Will bring paper to Exec in future (not soon).

CSO One case - $R =$ infected by that case was 2.8

Now 0.7 / 0.8

Fits with decline / reduction in ICU.

Measures to relax distancing, will increase R .

If go above $R = 2$, will impact on ICU. Need contact tracing to keep R below 1.

DOJ Check - CSO

3 weeks for impact of relaxation to show up in ICU.

If we continue as now, things will stay same, if we change will see ~~the~~ result in 3 weeks - modelling?

CSO Yes.

DOJ

Vigilance reduction - Neo Varadkar.

Speak to police - last wife, trips to L I up on wife before.

Using that info in modelling?

CSO

Being informed by that, also digital.

If people social distancing while travelling/outdoors - v little risk.

DOJ

Concern - closed schools, everyone

went to caravans - risk to rural areas - consider for behavioural?

CSO For next 18 months or more, need social distancing - decisions have to focus on soc. dist - clear message.

DOJ Test/Tracing
2-3 weeks?

CMO Prototype starting 27th.
Scale up / test work to date,
Existing staff, work on script.
Impressed with offers from unis +
Env Health
Confident for Is + phase.
Need significant resource - up to
18 months - cost.

DOJ App - concerns re data protection.
Voluntary - lot of people will not
sign in, esp in NI.
Data-sharing cross border - outside
EU, need proper data-sharing
agree^{mn} with EU state.
Civil liberties, intrusion.
Issues for consideration.

DOF Assume - any relaxation - impact
on R/I - people become more
relaxed. Anticipating 2nd wave

in Autumn? Planning for that?

DOH We are - re-engaging services, check capacity of ICU.

CMO Timing depends on managing behaviour, aim - R/I.
Indicators - no. of admissions.
Surveillance - community, care sector etc. COVID19 centres, ICUs
Crucially important - track/test approach to avoid 2nd wave.
ROI / NI - geographical land mass.
Plan / prepare for 2nd wave.
Social distancing - here for v. long time
Need wider footpaths!
Hand washing, respiratory hygiene - maintain message.

CSO CMO correct.
Some relaxation of Soc Dist - high risk. Pubs, restaurants, indoor events.
Depending on decisions - pressure on R. Good soc dist etc - less pressure on R. Potential for no. of waves.
May have to re-introduce measures again to suppress.
Unclear - if people have had, may be immune, we will not know for some time re immunity.

DFI Why is NI death rate higher than ROI +
lower than England?
[Relaxation of measures]

CMO First pandemic in age of social media.
Incomplete info, uninformed analysis.
Compare/contrast across countries -
not all countries use same approach -
diff. to compare, conclusions wrong
but feeds into public discourse.

CSO Death rate lower than rest of UK -
course of pandemic different in ROI
Intervened earlier, fewer deaths.
Some similarities to S/W England -
distance from London
ROI - broadly similar, need more
data to undertake further analysis.
3 months to report deaths in ROI -
could be timelag in reporting.
ROI modelling - deaths in hospital.
but incl deaths outside hospital in NI.
Scientifically - broadly similar -
island of Ireland.

DFI Relaxation - all-island?

CSO Need to work closely with ROI.
Differential restrictions at local
level (eg Germany, Sth Korea).

DFE

CSO - social distancing up to 18 months
National Govt - GSchapps - same
SOC dist - Tube travel in London,
only 15% can use transport.
Good resp + hand hygiene crucial
- facemasks?

FW

CMO - graveyards
- exercise

CMO

Face masks - evidence weak, public
feel they provide protection. Could be
false reassurance. But in enclosed
environment^m (eg travel) can be beneficial

Paper re access to churches - solitary
prayer; graveyards visits; hols - future
bookings; livestock mkt; services by
Dist Councils; garden centres;
Recycling centres.

Scotland / England - same evidence base,
moving to relax (21-4 Scotland, 27
England). Understand Wales - proposing
similar amend^m.

Have weighed advice - proportionate
+ low risk amend^m. Mindful of
human cost of restrictions.

Markets - foodchain.

Proportionate

DFW

Public Health message - stay at home

Social distancing,
Need to drive home public health
message.

Said we wd review on 9th.

People visiting graves - important,
Gradual reduction - impacts people's
behaviour.

Sends wrong message at the moment.

Graveyard - controlled approach -
met with church leaders - room
to move^m, but not on other issues,
Public Health message.

DOY

Enforceability?

Burial grounds - other than funerals
if graveyard open more widely -
how wd be managed?

Opening churches for private prayer?
How wd this be managed - vergers/
wardens elderly.

if cemeteries open, but not large
nos at funeral - wd all go to
graveyard - who wd manage?

CMO

Advise Min on public health implications
- manage^m for public services.

Churches, church hall - large
buildings

Appropriate guidance

Majority of people have behaved v
responsibly to date, wd continue that
(my observation).

Appropriate advice from churches on how to manage.

Graveyards - many people take solace in visiting graves. Wouldn't envisage - cd be facilitated.

Proportionate proposals for Min's consideration.

Messaging needs to be carefully considered - avoid mission-craze - clear messages.

DOF

In relation to rationale for churches + graveyards - not ^{the} only large buildings. People finding solace in prayer - but lot of large buildings, people find solace in other places.

Who decided - councils to change
Exec shd decide - councils not make 11 different decisions.

Shd be for Exec to decide, not councils.

FM

DAERA paper addresses some issues

DFT

Relaxations now - even with no clarity on [I. Cd lead to rise in virus?

CMO

Spoke about last Wed -
this paper relates to queries raised last Wed / Fri.

DoH response to issues raised in this

paper.

Churches, etc - raised by Exec, DH
responding.

Recycling - different issue.

CMO

In context of adverse mental health
impacts - looked at church buildings
- prayer/tolace

In that context - proportionate
changes,

For W/nd/Exec to take resp on how
this may be implemented.

DFI

Answer Q to CMO from CSO view.

CSO

Any move []

Cemeteries - minimal impact - social
distancing.

Churches - enclosed spaces - social
distancing, but surfaces -
slightly larger risk, but still
small.

Outdoor - markets - more people,
but soc dist - same risk as super-
mkts.

FM

Masks / face covering.

CSO

SAGE - reviewing. Gen evidence
- masks - weak. Evidence
stronger - protecting others by

wearing mask, not self - especially non-symptomatic.

Not enough case to enforce. Cd pass encourage masks for some areas - eg transport. Cloth masks, cd be made at home.

Not strong evidence for masks if maintain AOC, dist.

Fm May advise to wear masks - public transport. - confidence

dFm Wd build confidence - shd advise people to wear masks.

DOJ WHO says - no masks, people don't adhere to hand/face hygiene.
WHO - evidence masks cd detract from other measures.

Fm CSO says - marginal evidence.
SAGE advice.
CMO - gloves same issue.

CSO Valid point.
Most evidence re stopping viral - masks don't really work, but enough evidence to wear indoors.

Fm Will bring advice.

DOJ

WHO - best practice.

Council by council - waste recycling centres.
Liaised with SOLACE? Happy with approach?

~~DAERA~~

Fm

DAERA looking at (but not here - because^m).

HOCS

Spoke to SOLACE - 10 of 11 councils not opening recycling.

C Stewart

SOLACE views - prefer waste recycling centres to stay closed.
DAERA to bring forward paper on principles - guidance on when centres could reopen.

dFm

X

Only move on cemeteries today - keep all other issues under review until 9th May.
Drive public health message - stay at home.

Fm

Also Travel for exercise.

dFm proposal - just cemeteries?

DOJ

I sent paper re cemeteries

if exec wants to move on crematorium issue, can we address issues in my paper.

- how to manage congregating, large funerals in crematorium.

Crematorium issue - limited staff to operate.

Police say - they can't police this.

Has created friction in communities - some adhere to small funerals, some v large.

"Appropriate measures" to ensure soc. distancing - what are they?

FM

If changing regs - incl provision to put responsibility onto manage^{rs} of graveyards etc

CS

Can put this into regulations - specify in regs.

LPP/LAP

DOJ

Regulations to designate / specify local authorities

FM

Rule - no gatherings 2 or more (10 for funeral) already covered in regs.

DOJ

LPP/LAP

FM

Council will be designated.

FM People at graveside, council workers
- only 6 people at a time - going
to fine people?

DOJ S/mkt workers getting abuse re
Δ/distr.
Opp. for abuse of council workers wd
be increased.
Justice perspective
normal burial/cremation
- can't be observed.
Police can't police graveyards.
Who will gather evidence, protect
staff who may have to interact with
grieving public.

CS If it comes to enforce^m, someone cd
designate local authorities - no need
to amend regs.
Enforce^m - large gathering
council can act with assistance
of PSNI.

DOJ X Not satisfactory.
Remain concerned re soc dist +
messaging from Exec - stay at
home.

FM CMO/CSO advice - minimal risk,

JMK Support relaxation - if FM/dFM

Speak - carefully calibrated public message - responding to need; will be kept under review
Need rigid adherence to clear public health message - exceptional decision to respond to distress. But no less concern re gravity of situation - need public health message.
You may find a little surge of interest in visiting graves
Support decision, calibration + timing of message.

FM Permissive - cemeteries do not have to open, also may close again if there are problems.

CS Short set of amending regs - in force today or tomorrow. Will take view of SOLACE - may take time to prepare/consider, not open cemeteries until ready to do so safely.
Manage timing of opening, public expectations.

DS Spoke to [].
Prayer - message is critical re timing of opening.
May well be - scientific evidence, more nuanced message - lockdown - danger of holding position [].

Domino effect. Brittle.
Graveyards - strong argu^m.
Clear medical/scientific advice.

DFI Rethink approach.
Shdn't bring relaxation without
thinking of implications.
Need more coherent approach.

FM Paper last week, CMO advice
- consensus approach.

DFI Dept request, CMO advice.

FM Supposed to be moving ahead based on
science

DFI Shdn't be based on Min's
individual requests - shd think
as Exec.

DOJ ~~Request~~ triggered by single
requests.
longer term plan - strategy for
broad approach
Put requests / concerns to DOJ before
next meeting.

FM Issue raised at COBRA, Scotland,
Wales.
Clear message re public health

DOI Ask - in future, look at issues that are around, review in May as I feed requests into review before next review.

FM Maybe - don't check reo

DOI x Next time - feed issues to DOH ahead of review, so all issues brought to Exec together.

DFE This Exec will have to be flexible + respond as need arises - shd be able to raise at Exec

DOI Not about flexibility
Min in this Exec gave my details to constituent.

FM Your councillors in Mid (East Antem) v well briefed on this Exec.

DOH Travel for Exercise - DSO, LPP/LAP
Regs (5)

LPP/LAP

Tidying regs
Signed Sat am.

LPP/LAP

Support amend^s in paper.

Fm

LPP/LAP

Tks to Cstewart.

OK?

③

Action Log

Fm

Sp Note

OK

④

Sit Rep.

Hocs

Most significant health issues already addressed.

Access to info - open over w/e
Will provide tutorials to POCs on how to use - eg google data.

Fm

Heatmap - red area - food supply - any concern?

Hocs

Paper next week.

⑤

Exec Str.

dFm

Sp Note.

Content?

Yes

d/fm

Exec Str + Health Str separate?

DOH

Exec Str + Health Str within Exec Str.

DOF

Str doc slide 6

Priority workstreams

1, 2 Finance reallocated lead - procure^m

Ventilators

Analysis of need - cautious - get teams together → medical issue.

Not poss for DOF team to analysed medical need - happy to help, but med need not within our competence.

d/fm

x

HOCS to check.

d/fm

Content to note (medical issue as above ↑)

Noted? (Yes)

d/fm

dealt with



Travel for exercise

Amend^m to Curus Regs

Mental Health

DOH:

Exec Sub-Comm of M/H - proposal

- for MH Strategy, + MH Champion to work across depts
- mentioned at Sub/Comm meeting.
- confirm role of Champion - cost = about £35000 per dept.
- Exec ownership of position, not just DdH.

DOF Got point re ownership.
M/H money - confidence + supply.
Important principle - ownership by all depts
DOF happy to work with depts re finance.

~~DOF~~ DOF M/H
DOF spends significant budget re M/H on prisons etc.
Need clarity from DdH on how wd operate.
We already fund lot of programmes - funding pressure in one dept.
Health interventions in DOF setting..

dFM * finance to pick up with all depts.

Agreed? (Yes)

DOF Airports
Broad agree^m re connectivity.

Engage^m with DFT + Treas. Some figs not absolutely certain.

A/Kings, Stansted/Derry.

Derry - DFI to help administer funds - DOF wd have helped.

Clarity re agree^m we made - DFI will pick up pay^m for Derry A/P.

DOF

Rfs Intel

All 3 a/ps in contact with DFT.

Rfs Intel - meeting with my colleague -

" " confused re agree^m, just so

DOF is aware

DOF

Package worked out between DFT + 3 A/ps directly. Rfs Intel spoke to DFT - clear with my dept + DFT, they didn't need short term help.

DFE

Support.

Spoke to R McClean DFT - devolved regions.

Said DFT wrote to Rfs Intel last week

- Rfs Intel said they didn't get letter.

X All a/ps important - we have signalled to Rfs Intel - Ready to help.

dfw

Agree re comm?

(Yes)

Insolvency

DFE Want to keep in line with Eng/Wales.
Our own legis - wld take long time, +
~~wld~~ ^{keep} firms at disadvantage.
official clear if reflects where we
need intervention.
Most mins - positive response.
x DFI issues - will take up offline.

dFM Agree? Yes

International workers.

Irrelevant & Sensitive

Ad HOC Comm

dFM Sp Note
Agree? Yes
4+ week extension.

DOF Standardized response to letters.

⑦

City + Growth Deals

Irrelevant & Sensitive

Irrelevant & Sensitive

Irrelevant & Sensitive

Irrelevant & Sensitive

Irrelevant & Sensitive

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